

EXECUTIVE LOBBYING EXPENDITURE REPORT

FORM 507

- COVERING JANUARY 1 - JUNE 30, 1996 - DUE AUGUST 15
 COVERING JANUARY 1 - DECEMBER 31, _____ - DUE FEBRUARY 15

Mail to: the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808
 OR
 Fax to: (225)763-8787 or (225)763-8780

708
 Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
 Postmark Date: 8/25/08

B108 ER

3071945

1. Name Stephen L.
 Last

2. Business Address 690 Center St. Westwood, MA 02090
 Street and No. City State Zip

Mailing Address 690 Center St. Westwood, MA 02090

3. Business Phone 781 619-3440
 Area Code and Telephone Number

4. Total of all executive lobbying expenditures made January 1 through June 30:
 (Include expenditures from Schedules A and B) \$ -0-

5. Total of all executive lobbying expenditures made July 1 through December 31:
 (When Applicable) (Include expenditures from Schedules A and B) \$ -0-

6. Total of all executive lobbying expenditures made during calendar year:
 (Line 4 added to Line 5 should equal Line 6) \$ -0-

7. Did you make an expenditure exceeding \$50 on one occasion for an executive branch official:

From January 1 through June 30?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
From July 1 through December 31?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. Did you make expenditures exceeding the sum of \$50 for an executive branch official:

From January 1 through June 30?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
From July 1 through December 31?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

If the answer to either question in Number 8 above is YES, complete Schedule A and attach.

9. Did you expend funds for any reception, social gathering, or other function to which more than twenty-five executive branch officials were invited during this reporting period?

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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If the answer to Number 9 above is YES, complete Schedule B and attach.

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10. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the department made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the department.

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|---|
| 1) a. Name of Department: _____ |
| b. Total of all expenditures made January 1 through June 30: \$ _____ |
| c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable) |
| d. Total of all expenditures made during the calendar year: \$ _____ |
| 2) a. Name of Department: _____ |
| b. Total of all expenditures made January 1 through June 30: \$ _____ |
| c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable) |
| d. Total of all expenditures made during the calendar year: \$ _____ |
| 3) a. Name of Department: _____ |
| b. Total of all expenditures made January 1 through June 30: \$ _____ |
| c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable) |
| d. Total of all expenditures made during the calendar year: \$ _____ |

11. PROVIDE BELOW (a) the name of the executive branch department and the individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the agency.

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|---|
| 1) a. Name of Department and Individual Agency: _____ |
| b. Total of all expenditures made January 1 through June 30: \$ _____ |
| c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable) |
| d. Total of all expenditures made during the calendar year: \$ _____ |

- 2) a. Name of Department and Individual Agency: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____
- 3) a. Name of Department and Individual Agency: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.



Signature of Lobbyist